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Virginia Governor's Access Plan for the Seriously Mentally Ill (GAP)

Beginning January 12, 2015, the Department of Medical Assistance Services (DMAS) will begin a two-year, state- wide \$1115 demonstration waiver, entitled the *Virginia Governor's Access Plan for the Seriously Mentally Ill (GAP)*. Virginia will offer a limited yet targeted package of benefits for individuals who have a serious mental illness (SMI) (as set out by DMAS and the Department of Behavioral Health and Developmental Services, or DBHDS) and incomes below 100% of the Federal Poverty Level.

The benefit package builds on a successful model of using existing partnerships to provide and integrate basic medical and behavioral health care services. This will enable individuals in the GAP Program to have coordinated access to those services thereby enhancing treatment and increasing the potential to significantly reduce the severity of their symptoms, and enable them to live as independently as possible in their communities. The three key goals of this Demonstration are to:

1. Improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs;
2. Improve health and behavioral health outcomes of demonstration participants; and,
3. Serve as a bridge to closing the insurance coverage gap for uninsured Virginians.

Services are provided through the existing Medicaid fee-for-service provider network, and DMAS is continuing to use the service authorization processes currently used for the Medicaid and CHIP/FAMIS programs. DMAS already maintains a strong partnership with Magellan which serves as the Behavioral Health Services Administrator (BHSA) that performs service authorization, claims payment and provider credentialing and enrollment for behavioral health services. With expertise with this population, Magellan is the leading partner in Virginia for behavioral health service network management, service authorization and claims payment.

GAP covered medical services are billed using the existing Medicaid fee-for-service process and paid at the current fee-for-service Medicaid/CHIP reimbursement rates. Some covered medical services will require service authorization which is performed by the current service authorization contractor, Keystone Peer Review Organization (KEPRO). All benefits and



terms of payment (as described in later sections) are specified in a contract document that will be executed with existing partners.

MEMBER ELIGIBILITY AND ENROLLMENT

The GAP program targets individuals who meet eligibility parameters resulting from a diagnosis related to a serious mental illness (SMI). An application for benefits must be filed with the Cover Virginia GAP Unit either

telephonically by the individual or authorized family member, or online by a designated provider such as a Community Services Board (CSB), Federally Qualified Health Center (FQHC), or hospital.

GAP eligibility determination has two parts; (i) a determination of whether or not the individual meets the GAP SMI criteria, and (ii) a determination of whether or not the individual meets the GAP financial and non-financial eligibility criteria. Individuals must be screened by a Licensed Mental Health Professional (LMHP)*, including LMHP-supervisees/residents, employed by a GAP screening entity. GAP SMI screenings may be performed by a Community Services Board (CSB), Federally Qualified Health Center (FQHC), or hospital with an inpatient psychiatric unit. In addition, individuals applying for GAP must meet ALL of the requirements outlined below in order to be eligible for the demonstration:

- Adult ages 21 through 64 years old;
- U. S. Citizen or lawfully residing immigrant;
- Not eligible for any state or federal full benefits health insurance program including, but not necessarily limited to: Medicaid, Children's Health Insurance Program (CHIP/FAMIS), Medicare, or TriCare Federal Military benefits;
- Resident of Virginia;
- Household income that is below 95% of the Federal Poverty Level (FPL) plus a 5% income disregard;
- Uninsured; and,
- Not residing in a long term care facility, mental health facility, or penal institution.



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The recommended method for application is through a provider assisted web portal accessed through the Virginia MMIS Portal. The Portal for the GAP Program will be available beginning on January 12, 2015. The screener may assist the individual in applying through a secure log-in at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>. All applicants will receive a GAP SMI screening in the same manner and consideration without regard to financial or other non-age related eligibility criteria.

Applications may also be accepted telephonically through the Cover Virginia GAP Unit by calling 1-855-869-8190 or TDD line at 1-888-221-1590. Applicants who apply at the GAP Unit and have not had a GAP SMI Screening will be referred to the local CSB to determine if the applicant meets the GAP SMI criteria. Applicants do not need to wait for the financial/non-financial information to be reviewed prior to being referred for the GAP SMI screening.

Applicants who meet both the GAP SMI criteria and financial/non-financial criteria will receive coverage effective on the first day of the same month in which the individual's signed application was received. No retroactive eligibility prior to the application month will be permitted in the GAP demonstration waiver program.

Individuals meeting the eligibility requirements for the GAP program will be enrolled for a period of 12 continuous months except if the individual becomes 65 years of age, moves out of the Commonwealth, or becomes enrolled in Medicare or Medicaid coverage.

GAP SMI Screening Criteria and Procedure

The GAP SMI criteria is determined via the use of the GAP Serious Mental Illness Screening Tool (DMAS-P-603) which is completed by a DMAS approved GAP screening entity. The screening tool and required attachments are entered electronically onto the Magellan Web Portal. Magellan will review the submission and the GAP SMI met/not met decision will be transmitted in a nightly file to Cover Virginia.



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One of the two screening types listed below must be completed in order to determine GAP SMI eligibility.

1. **Limited Screening:** Conducted for individuals who have had a diagnostic evaluation within the past 12 months and this evaluation is available to the screener. The GAP SMI Screening Tool (DMAS-P-603) may be completed by either a LMHP (including Supervisees and Residents), Qualified Mental Health Professional-Adult** (QMHP-A), or QMHP-Eligible. The available diagnostic evaluation, which must be signed and dated by the LMHP who completed it, is submitted to Magellan as the required attachment along with the signed and dated DMAS-P-603 form.
2. **Full Screening:** Conducted for individuals who have not had a diagnostic evaluation within the past 12 months or for whom the evaluation is not available to the screener. The signed and dated GAP SMI Screening Tool (DMAS-P-603) and diagnostic evaluation must be completed by a LMHP (including Supervisees and Residents) and submitted to Magellan.

COVERED SERVICES

GAP coverage is limited to outpatient medical, behavioral health, pharmacy, GAP case management, and care coordination services for individuals meeting the GAP SMI eligibility criteria. This program intends that such services will significantly decrease the severity of individuals' SMI so that they can recover, work, parent, learn, and participate more fully in their communities.

Covered Medical Services

- Outpatient physician, clinic, specialty care, consultation and treatment including evaluation, diagnostic and treatment procedures performed in the physician's office and therapeutic or diagnostic injection.
- Outpatient Hospital coverage is limited to diagnostic ultrasounds, electrocardiograms, and radiology including authorized CAT and MRI scans (excludes PET scans and radiation treatment).
- Outpatient Laboratory
- Outpatient Pharmacy
- Outpatient Medical Equipment and Supplies - Coverage is limited to certain diabetic



equipment and supply services.

- Telemedicine

Covered Behavioral Health Services

- Outpatient Psychotherapy
- Psychiatric Evaluation
- GAP Case Management (GCM) -Provided statewide by the CSBs and does not include the provision of direct services. It is a two tiered service with the provision of either regular or high intensity case management. (H0023 UB&UC)
- Crisis Intervention (H0036)
- Crisis Stabilization (H2019)
- Psychosocial Rehabilitation (H2017)
- Substance Abuse Intensive Outpatient Treatment (H2016)
- Opioid Treatment (H0020)
- Methadone
- Telemedicine

Services Provided by Magellan

- Care Coordination - DMAS and Magellan agree that care coordination has two main goals: 1) to improve the health and wellness of individuals with complex and special needs; and 2) to integrate services around the needs of the individual at the local level by working collaboratively with all partners, including the individual, family and providers. Magellan care managers will provide information regarding:
 - Covered benefits;
 - Provider selection; and
 - How to access all services including medical, behavioral health and use of preferred pathways to indigent medical and behavioral health services.

Magellan care managers work closely with local CSBs providing GAP case management services in order to assist GAP members in accessing needed medical,



psychiatric, social, educational, vocational, and other supports as appropriate.

- Crisis Line - Magellan Behavioral Health of Virginia care managers are all licensed mental health professionals. Care managers are available to GAP members 24 hours per day, 7 days per week to address mental health crisis situations. Care managers coordinate with local CSB's crisis intervention teams as well as local law enforcement to assist with the provision of mental health care for acute psychiatric dysfunction requiring immediate clinical attention. Care managers can be reached by calling 1-800-424-4279 or 1-800- 424-GAP9.
- Peer Supports - Peer support services are provided through Magellan. Magellan Peer Support Services are provided by trained peer support navigators (PSNs), who self-disclose as living with or having lived with a behavioral health condition. These voluntary services are designed to facilitate connections with local peer- run organizations, self-help groups, other natural supports, and to engage individuals in treatment with the appropriate community-based resources. It will also include a warm-line telephonic peer support resource staffed by PSNs trained specifically in warm-line operations and resource referrals.

PROVIDER MANUAL SUPPLEMENT AND UPDATES

Provider manuals will be updated to include a supplemental chapter describing the GAP program in detail. This supplement also includes a list of non-covered services. **Providers are highly encouraged to read the supplement in its entirety as there are changes to requirements for existing services when provided to individuals receiving GAP benefits.**

Changes will also be made to the existing provider manuals as listed below:

- Durable Medical Equipment & Supplies, Appendix D (For diabetic supplies)
- Hospital, Appendix D (For MRI/CAT scans)
- Independent Laboratory, Appendix C (For MRI/CAT scans)
- Physician/Practitioner, Appendix D (For MRI/CAT scans and surgical procedures performed in a physician's office)



EDUCATION AND OUTREACH

Information regarding upcoming trainings and town hall meetings will be posted to the DMAS and Magellan of Virginia websites. Recorded WebEx's will also be posted to both websites. Additional WebEx trainings will be announced once the effective dates are finalized. A fact sheet, Frequently Asked Questions, GAP benefit chart, and a listing of non-covered services under the GAP program are posted on the DMAS webpage under the GAP program or at http://www.dmas.virginia.gov/Content_pgs/GAP.aspx.

General questions regarding the GAP program may be e-mailed to BridgetheGAP@dmas.virginia.gov.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4536 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access medical and pharmacy information, GAP member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.



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Additional information regarding medical service authorization information may be found at <http://dmas.kepro.com> or http://www.dmas.virginia.gov/content_pgs/pa-home.aspx. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

MEDICAL AND PHARMACY "HELPLINE"

The DMAS "HELPLINE" is available to answer medical and pharmacy questions Monday through Friday from 8:00

a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.